



Susan Mosier, MD, Acting Secretary

Department of Health & Environment

Sam Brownback, Governor

TO: Health Care Professionals
FROM: Office of Primary Care Rural Health
SUBJECT: Annual Charitable Health Care Provider and Patient Information

In 1991, Kansas enacted legislation allowing indigent health care clinic and charitable health care providers to receive coverage under the Kansas Tort Claims Act for liability purposes.

Individuals providing services as Charitable Health Care Provider with their own medical, dental, or medical practice annually submit provider and patient information.

Return the completed survey of to KDHE Office of Primary Care and Rural Health. The survey may be sent our Office via e-mail, U.S. Mail or Fax.

E-Mail:

Address: primarycare@kdheks.gov

Subject Line: Charitable Health Care Provider Program Annual Report

U.S. Mail:

Attn: Charitable Health Care Provider Program Annual Report
Office of Primary Care and Rural Health, Bureau of Community Health Systems
1000 SW Jackson, Suite 340
Topeka, KS 66612

Fax:

Number: 785-296-1231

Attn: Charitable Health Care Provider Program Annual Report

Annual reports are due by March 31st for the previous calendar year. Failure to submit an annual report will result in termination of your agreement with the Secretary of the Kansas Department of Health and Environment to serve as a charitable health care provider.

CHARITABLE HEALTH CARE PROVIDER ANNUAL FORM

Health Provider Name: _____

Please list the location(s) of your clinic including satellite clinics (if applicable).

If needed please add additional rows or attach list of all locations with this survey.

Address _____

City: _____ State: _____ Zip Code: _____ County: _____

Address _____

City: _____ State: _____ Zip Code: _____ County: _____

Address _____

City: _____ State: _____ Zip Code: _____ County: _____

Address _____

City: _____ State: _____ Zip Code: _____ County: _____

Charitable Health Care Providers are expected to fully complete the data tables bellows for the previous calendar year

Calendar year: _____

	Number of Patients*	Percent of Total Patients
Uninsured		
Medicaid		
Medicare		
Third Party		
Other Public		
Unknown		

Total number of patients with public insurance seen at no charge _____

Federal Poverty Level	Number of Patients*	Percent of Total Patients
0-100% poverty		
0-200% poverty		
> 200%		
Unknown		

Total number of patients earning below 200% of the federal poverty level seen at no charge _____

**Patients are individuals who have at least one reportable visit during the reporting year. The term "patient" is not limited to recipients of medical or dental services; the term is used universally to describe all persons who receive countable visits. Patients should not include individuals who have limited contacts with the clinic whether or not documented on an individual basis.*

Authorized Signature

Date